

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

ELECTRONIC STD. 262 (REV. 04/95)

Statement On Reverse Side

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CLAIMANT'S NAME Matthew R. Bettenhausen		SSAN OR EMPLOYEE NUMBER*	DEPARTMENT California Emergency Management Agency
POSITION Secretary	CB/ID NUMBER E99	DIVISION OR BUREAU Executive	INDEX NUMBER
RESIDENCE*		HEADQUARTERS ADDRESS 3650 Schriever Ave.	TELEPHONE NUMBER 916-324-8908

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Sacramento	CA	95833	Mather	CA	95655

[illegible][illegible]

CLAIM TOTAL

\$ 572.26

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

6/2: Parking for Governor's luncheon meeting.

6/3-4: Cal Chief's BOD meeting.

6/1: Payment for CSSA Annual Meeting.

(12) NORMAL WORK HOURS

9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED	
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48.5¢/Mile

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

DATE _____

(16) ~~SECRET~~

~~LEAVING TRAVEL AND PAYMENT~~

DATE _____

(17) SIGNATURE _____

DATE _____

DATE	6/21/10
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